

COMPRESSED NATURAL GAS (CNG) VEHICLE FEEDBACK FORM

COLORADO STATE FLEET MANAGEMENT (SFM)

1001 E. 62ND AVENUE – DENVER, CO. 80216

Mail to above address or email to ron.clatterbuck@state.co.us

PLEASE PRINT WHEN FILLING OUT THE FORM

Driver Information

Name: _____ Job Title: _____

Phone Number: _____ Email Address: _____

Department: _____ Division: _____

Section: _____

Work Station or area: _____

Briefly describe your duties: _____

CNG Vehicle Information

License Number: _____ Year: _____ Make: _____ Model: _____

Please Rate the Overall Performance: Excellent: _____ Good: _____ Fair: _____ Poor: _____

If Fair or Poor explain why you think the vehicle falls short of expectations: _____

Please Rate the Towing Performance if Applicable: Excellent: _____ Good: _____ Fair: _____ Poor: _____

Do the CNG fuel tanks take up too much space in your vehicle: Yes: _____ No: _____

If Yes explain why: _____

How long does it take to fill up the CNG fuel tanks: =< 5 Minutes: _____ 6-10 Min: _____ 11-15 Min: _____

How far is it to the closest CNG Fuel Station: =< 5 Miles: _____ 6-10 Miles: _____ 11-20 Miles: _____ Other: _____

List the locations where you purchase CNG Fuel: _____

If no CNG is available in your area, what locations would you recommend: _____

Other comments or suggestions: _____

Mail to SFM at address listed above, attention Ron Clatterbuck. Or email to ron.clatterbuck@state.co.us